



## **Open Enrollment 2004-2005 On Behalf of Authorization Form**

By signing this form I agree to the following:

- I authorize my employer to enter my 2004-2005 Open Enrollment elections on my behalf.
- I have completed the attached, signed 2004-2005 Active Employee Enrollment Form and/or 2004-2005 Flexible Spending Enrollment Form.
- I acknowledge it is my responsibility to check the elections made on my behalf on the mailed copy which I will receive and by checking the deductions on my October 1, 2004 paycheck for my first flexible spending deduction and the October 15, 2004 paycheck for all other Open Enrollment elections.
- I authorize my employer to reduce my salary by applicable pretax dollars or deduct from my paycheck the applicable after-tax dollars for the insurance programs which I have elected.
- I understand that my pretax election(s) is irrevocable and can be changed only as of October 1, of each year, or during a declared open enrollment period; or in the event of a qualified life event (marriage, divorce, death of a spouse or eligible dependent, or birth or adoption of a child, or a child placed by court order in the employee's household, change in the status of a dependent child, change in my spouse's employment) and that I must elect this change, in writing, within 31 days of the qualified life event.
- I am aware that requests for coverage changes due to Qualifying Life Event changes must be submitted either within 31 days of the date of the qualifying event or during an annual open enrollment period.
- I am aware that my pretax plan contributions are ineligible as deductions for income tax purposes.
- I authorize release of information to my insurance carriers and employer.
- I verify that the information on my enrollment form(s) is true and complete and agree that it is my obligation to keep this information up-to-date.
- I understand that newly-elected short-term disability coverage and life insurance increases begin on the date I return to work, if I am not "actively at work" on the effective date. The "actively at work" provision includes regular non-working days provided I worked the preceding scheduled work day.
- I am aware that eligible dependents are my legally married spouse and unmarried children (natural, adopted, foster, stepchild or child placed by court order in employee's household) under age 19. Medical, dental, vision and dependent life insurance eligibility can continue to age 25 for full-time students. Stepchildren must reside in the employee's household to be eligible dependents.
- I understand that failure to adhere to any of these declarations may jeopardize my insurance coverage.

Name (print): \_\_\_\_\_ EIN Number (required) \_\_\_\_\_

Social Security Number (optional): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Agency Liaison entering elections (print): \_\_\_\_\_